

Information Related to COVID–19

Individual and Small Group Market Insurance Coverage

Existing federal rules governing health insurance coverage, including with respect to viral infections, apply to the diagnosis and treatment of coronavirus (COVID-19). This includes plans purchased through HealthCare.gov. Patients should contact their insurer to determine specific benefits and coverage policies. Benefit and coverage details may vary by state and by plan. States may choose to work with plans and issuers to determine the coverage and cost-sharing parameters for COVID-19 related diagnoses, treatments, equipment, telehealth and home health services, and other related costs.

Diagnostics & Laboratory Services

Laboratory services are a category of Essential Health Benefits (EHB) that individual and small group market issuers are generally required by law to include in their benefit packages. However, whether any particular diagnostic or laboratory service is covered by a plan varies, and is based on the specific benchmark plan selected by each state and the terms of the plan. Large group market plans and self-insured plans are not subject to EHB coverage requirements. You should check with your health insurance company to determine coverage for lab tests and related services for the diagnosis and treatment of COVID-19. Standard cost sharing may apply for these services.

Vaccines

If a vaccine is developed for COVID-19 and approved for use by the FDA, further guidance may be issued regarding whether the vaccine would need to be covered as a preventive service for which no cost sharing would be charged.

Hospitalization & Ambulatory Patient Services

Hospitalization, ambulatory patient, and emergency services are categories of EHB that individual and small group market issuers are generally required by law to include in their benefit packages. However, whether any particular hospitalization, ambulatory patient, or emergency service is covered by plans varies, and is based on the specific benchmark plan selected by each state and the terms of the plan. Large group market plans and self-insured plans are not subject to EHB coverage requirements. You should check with your health insurance company to determine coverage for physician and hospital related services for the diagnosis and treatment of COVID-19. Standard cost sharing may apply for these services.

Telehealth

Telehealth services or home health visits may already be covered by many health insurance companies. You should check with your health insurance company to determine whether these services are covered and whether any cost-sharing requirements apply.

Prescription Drugs

Prescription drugs are a category of EHB that individual and small group market issuers are generally required by law to include in their benefit packages. However, whether any particular prescription drug is covered by plans varies and is based on the specific benchmark plan selected by each state and the terms of the plan. Prior authorization for prescription drugs, including for any treatment for COVID-19 that may become available, may still apply, so you should check with your health insurance company to clarify any future changes to prior authorization requirements. Plans and issuers may elect to apply prior

authorization for treatment and or refills flexibly, as circumstances warrant. Large group market plans and self-insured plans are not required to cover EHBs, so coverage would depend on the terms of the plan.

Resources

Under federal law, for most health plans and health insurance coverage, if your health plan refuses to pay a claim or ends your coverage, you have the right to appeal the decision to the health plan and, if the plan upholds its denial, you have the right to have that decision reviewed by a third party. In urgent situations, a health plan must make a decision within 72 hours, or less, depending on the medical urgency of the case. Your explanation of benefits (EOB) and plan documents should have instructions on how to appeal a denied claim.

If you aren't currently enrolled in coverage, you can see if you qualify for a Special Enrollment Period to enroll in a private health plan through [HealthCare.gov](https://www.healthcare.gov). As a reminder, federal law and regulations provide protections against preexisting condition exclusions in health insurance coverage. Health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Marketplace plans may not terminate coverage due to a change in health status, including diagnosis or treatment of COVID-19. CMS remains firmly committed to maintaining protections for all Americans with pre-existing conditions.

- [HealthCare.gov](https://www.healthcare.gov)
- [CDC COVID-19](https://www.cdc.gov/covid-19)
- https://content.naic.org/naic_coronavirus_info.htm